

FILED JUN 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

20189

State File No. ....

2480

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>2480</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>4 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		d. STREET ADDRESS (If rural, give location) <u>4427 Belleview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Northeast Hospital</u>				3. NAME OF DECEASED a. (First) <u>Myrtle</u> b. (Middle) <u>Stevens</u> c. (Last) _____			
4. DATE OF DEATH (Month) (Day) (Year) <u>June 2 1950</u>		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced '5</u>	
8. DATE OF BIRTH <u>Sept. 8 1885</u>		9. AGE (In years last birthday) <u>64</u>		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) _____		11. BIRTHPLACE (State or foreign country) <u>Kansas</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Governess</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) _____		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph H. Barber</u>		13b. MOTHER'S MAIDEN NAME <u>Lepha E. Barion</u>		14. NAME OF HUSBAND OR WIFE <u>Chester Stevens</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>513-24-0932</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mr. F.C. Barber</u> ADDRESS <u>Kansas City, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute dilation of heart</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>pulmonary infarction</u> DUE TO (c) <u>coronary sclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Malignancy of colon</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hrs.</u> <u>48 hrs.</u> <u>4201</u> <u>1 yr.</u>	
19a. DATE OF OPERATION <u>Apr. 20, 1950</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of colon</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Apr.</u> , 1950, to <u>June 2</u> , 1950; that I last saw the deceased alive on <u>June 2</u> , 1950, and that death occurred at <u>6:05</u> p. m., from the causes and on the date stated above.							
23a. SIGNATURE <u>F. W. Thompson</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>705 Bryant Bldg</u>		23c. DATE SIGNED <u>6/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>June 2-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Fairview Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cherryvale, Kansas</u>	
DATE REC'D BY LOCAL REG. <u>6-2-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mrs C.L. Forster Kansas City, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Joe B. Yoder*

Licensed Embalmer No. *4173*

Signed.....  
Student Embalmer

P. O. Address *K. C. Mo.*

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.